COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, APRIL 19, 2002

MEETING LOCATION: LEGISLATIVE COUNSEL BUREAU – CARSON CITY AND VIDEO TELECONFERENCE GRANT SAWYER OFFICE BUILDING – LAS VEGAS

MINUTES

COMMISSIONERS PRESENT AT THE LAS VEGAS LOCATION:

Frances Brown, MSN, MSEd. RN, Chair David Ward, Vice Chair Eric Albers, Ph.D. John Brailsford, Ph.D. Johanna Fricke, M.D. – arrived at approximately 10:30 A.M. Rena Nora, M.D. Elizabeth Richitt, Ph.D.

CALL TO ORDER

Chair Brown called the meeting to order at 9:08 A.M. Chair Brown stated that she needed to leave the meeting at 11:30 A.M. and Vice Chair Ward would resume the Chair responsibilities. Chair Brown stated that she moved items up on the agenda to be heard accordingly.

APPROVAL OF MINUTES

MOTION: Dr. Nora made a motion to approve the February 8, 2002 meeting minutes as submitted, seconded by Mr. Ward. The motion carried, Dr. Albers and Dr. Brailsford abstained from the vote, as they were not present at the February 8, 2002 meeting.

SOUTHERN NEVADA SUICIDE HOTLINE

Dorothy Bryant, Director of the Southern Nevada Suicide Hotline, introduced Dr. Don Elle, Martha Nochera and Dr. Underhill. Ms. Bryant gave an overview of the Southern Nevada Suicide Hotline. The Suicide Hotline is a 24-hour hotline and has been operating in the community as a hotline for 32 years. The Hotline has expanded and added programs over the years, to include a community education program, survivors program, hospital program, youth program and the Spanish program. The training came from the Los Angeles Suicide Prevention Center. Volunteers must have 18-20 hours of training and are placed on probation for 6 months. There is a required ongoing monthly training for volunteers. All calls are confidential and volunteers are professionally trained. The youth program accepts youths with letters of recommendation and grades must be average or above average, and does not accept at-risks youths. The youths are required to participate in projects that improve self-esteem.

Ms. Bryant stated that funding and a lack of funding of the Hotline continues to be an issue. Ms. Bryant stated that the Hotline is a member of the American Association of Suicidology and is proceeding with the certification process.

Dr. Nora stated that certification is very important and questioned if they had a target date for certification. Ms. Bryant stated that they were in the process, but do not yet have a target date for certification.

Ms. Bryant stated that the Hotline is a suicide prevention center only and will refer clients to the proper agencies for crisis other than suicide.

Dr. Nora questioned what happened if the line was busy. Ms. Bryant stated all calls are answered by a professional answering service, 24 hours/7 days a week, and if the Hotline line is busy, the calls are referred to the state crisis hotline. The answering service keeps track of all the calls received and where each call was routed or referred to. Each volunteer is required to keep track of each call and what happened with each call.

Upon questioning, Ms. Bryant stated that there are currently 34 active volunteers. The volunteers are scheduled on a weekly basis. The Hotline works with the Northern Crisis Center. The Hotline is modeled after the Los Angeles Suicide Prevention Center.

Concerns were expressed with how phone calls are answered and the time in which phone calls are answered. Upon questioning regarding a potential for a delay in phone calls being answered, Dr. Elle stated that it has been his experience that there has been no delay in phone calls being answered.

Dr. Richitt expressed concern with regards to a newspaper article in which the reporter placed 20 calls to the Hotline in a two-week period, and a person answered only 11 calls. Ms. Bryant stated the wrong number was published in the phone book. The published phone number has been corrected.

Mr. Ward thanked Ms. Bryant for the presentation and thanked the Hotline volunteers for all of their important, hard work and dedication to the Hotline. Mr. Ward questioned, in an ideal world, what changes to the Hotline would she like to see. Ms. Bryant stated she would like funding to pay staff, send staff to conferences, upgrade training for staff, a library, film library, and education for staff and volunteers.

Mr. Ward questioned the substantial funding deficit and what plans the Hotline had to obtain funding. Ms. Bryant stated that the Hotline focuses on issues in the community and hopes the community will come through with donations. The Hotline has also applied for grants to subsidize funding.

The Hotline has no paid staff and no permanent funding. The Hotline has been funded from community donations and has managed for 32 years. The Hotline currently has 14 volunteer college students doing internships from universities.

Dr. Richitt stated that the Hotline is an under funded labor of love and questioned their growth and if the Hotline had a plan for the future.

Ms. Nochera stated that they do receive limited funding from the United Way, as a respected community service. The United Way has a set criteria and the Hotline does not fit under the umbrella of criteria, because the Hotline does not have any salaried employees. The Hotline had an operating budget of \$25,000 last year and handled approximately less than 5,000 calls.

Ms. Bryant stated that the Hotline needs help in the area of an advocacy program for mentally challenged individuals. There has been occasion where the Hotline needed to refer a mentally challenged individual, but the Hotline was unable to find the help the individual needed. There are advocacy programs for children and the elderly, but no advocacy program for the mentally challenged.

Dr. David Rosin offered help to the Hotline. Dr. Rosin stated that the performance improvement, quality assurance staff could help in a consultative way to review issues raised.

Dr. Richitt reiterated the need for advocacy for the mentally challenged and asked if the Hotline could put together a list of the gaps in the system for the Commission to review. Ms. Bryant stated that the Hotline helps individuals in ways not currently available. The Hotline is not allowed to have any personal contact with callers. There is frustration trying to get help for individuals and not sufficient resources readily available because of the paperwork. The Hotline will go to any appropriate measures to help an individual in dire need. Ms. Bryant stated that help for individuals should not stop at 5 P.M.

Mr. Ward questioned Ms. Bryant as to what kind of advocacy for the mentally challenged was needed. Ms. Bryant stated that appropriate paperwork documentation is still a necessity, but there should be available services to check-in with individuals.

Dr. Rosin introduced Dr. Larry Montgomery as the new Medical Director for SNAMHS and briefly reviewed his experience and work history.

Dr. Montgomery gave an overview of his experience and background. He stated that there have been a lot of challenges at SNAMHS and there is a lot of work to be done. Dr. Montgomery stated that he is placing emphasis on improving staffing, raising the bar for the selection of staff, medical staff development and patient care.

Chair Brown welcomed Dr. Montgomery as the Medical Director of SNAMHS and indicated that his wealth of knowledge and experience will be a great benefit to Nevada.

PRESENTATION

Chair Brown presented Dr. James Northrop with a signed appreciation letter and plaque on behalf of the Division and the Commission. Chair Brown thanked Dr. Northrop for his years of service as the Agency Director for the Southern Nevada Adult Mental Health Services. Dr. Northrop gave tirelessly to the agency and instituted numerous changes that meant better services to the staff and clients. There have been many positive outcomes from Dr. Northrop's leadership at SNAMHS. The Commission

wished Dr. Northrop well in his health and future endeavors and thanked Dr. Northrop for his years of service to Mental Health and Developmental Services and to SNAMHS.

CRISIS CALL CENTER

Ms. Stacy Heiser, on behalf of Ms. Misty Allen, reported that she recently attended the American Association of Suicidology Conference and learned new opportunities for training, staff/ recruitment retention and preventing staff burnout. Ms. Heiser stated that they would be hosting a fund-raiser on May 11, 2002, "Hike for Hope" at the Hidden Valley Regional Park. The fund raising event has had support from local businesses.

Ms. Heiser stated the winter training had been completed with 15 newly trained volunteers. She indicated that the Crisis Call Center is staffed 24 hours/7 days a week. The Crisis Call Center currently has 65 active volunteers. Upon questioning, Ms. Heiser stated that 65 volunteers are not adequate, as more calls mean the need for more volunteers. She stated that there has been an increase from individuals requesting to be trained as volunteers. The volunteer training includes approximately 58 hours of training before they are allowed to answer a hotline phone. The training includes suicide and crisis intervention.

The State Crisis Call Center receives approximately 300 calls per month from the Clark County area, with 10%-15% of the calls being suicidal and increasing on a regular basis. The intensity of the suicide calls is increasing and they are high risk.

Upon questioning, Ms. Heiser stated that accreditation of a crisis call line is very important. The American Suicidology Association accredits the State Crisis Line.

ELECTION OF COMMISISON CHAIR

Chair Brown stated that the Chair position is a maximum 4-year term and the new Chair will take over after the June 2002 meeting. Chair Brown opened the nominations for Commission Chair to be appointed by the Governor.

MOTION: Dr. Richitt moved to nominate David Ward as Commission Chair and submit his name to the Governor for approval, seconded by Dr. Nora. Mr. Ward accepted the nomination.

Dr. Albers moved to close the nominations, seconded by Dr. Brailsford. The vote was unanimous.

The Board discussed electing a Vice Chair at this meeting or waiting until after the June meeting. Mr. Ed Irvin, the Deputy Attorney General, advised the Commission that the election of the Vice Chair is an internal decision, that there is no statutory mandate or by-law requirement for Vice Chair election.

Dr. Albers suggested that the Commission move forward and elect a Vice Chair at this meeting.

ACTION: Dr. Albers nominated Dr. Nora as Vice Chair. Dr. Nora declined the nomination as Vice Chair.

Mr. Irvin stated that he misspoke earlier, and the by-laws indicate that the Vice Chair election is to be at the annual October meeting of the Commission.

Following discussion, the Commission unanimously agreed to elect a Vice Chair at this meeting.

MOTION: Mr. Ward moved to nominate Dr. Albers as Vice Chair, seconded by Dr. Richitt. Dr. Albers declined the nomination, as he believes in regional representation. In this case both the Chair and Vice Chair would be from northern Nevada. Dr. Nora and Dr. Richitt urged Dr. Albers to reconsider. The Commissioners unanimously agreed that they do not have any problems with both the Chair and Vice Chair being from northern Nevada. Dr. Albers reconsidered and accepted the nomination. Dr. Nora moved to close the nominations, seconded by Dr. Richitt. The vote for Dr. Albers as Vice Chair was unanimous.

ACTION: Submit David Ward's name to the Governor for Chair appointment. Dr. Albers will assume the Vice Chair duties in July.

MENTAL HEALTH CONSORTIUM

Dr. Christa Peterson, Deputy Administrator for the Division of the Child and Family Services (DCFS)— Southern Region, reviewed the Mental Health Consortium created by Assembly Bill 1 during the last special session of the Legislature. Nevada is the only state with a child welfare system that divides responsibility between the State (DCFS) and Washoe and Clark Counties. This type of system produces poor outcomes for children. There were three major outcomes of Assembly Bill 1: (1) Transfer of certain child welfare duties from DCFS to Clark and Washoe Counties; and establishes (2) the Legislative Committee on Children, Youth, and Families; and (3) Local Mental Health Consortiums.

Dr. Peterson stated that the function of the Legislative Committee on Children, Youth and Families is to study and comment on issues related to provision of child welfare services, receive progress reports and testimony on activities of each mental health consortium, conduct investigations and hold hearings, request LCB to study child welfare issues within the State; and make recommendations to the Legislature concerning child welfare services. They are also to study and comment on issues related to child welfare services including, but not limited to: programs for the provision of child welfare services, foster care licensing and reimbursement, mental health service, and compliance with federal regulations.

The jurisdiction of the mental health consortiums are in a county whose population is 100,000 or more and the region consisting of all counties whose population is less than 100,000. The Consortium has been meeting since November 2001 and their next meeting is scheduled for April 22, 2002. There are three consortiums: Clark Consortium, Washoe Consortium and the Rural Health Consortium. The legislation requires 9 members on each Consortium. The Consortiums are expanding their

membership. The functions of the mental health consortium is to develop an Annual Plan to be submitted to DCFS by January 15 of each year and provide progress reports and testimony on activities of each mental health consortium to the Legislative Committee on Children, Youth and Families membership.

The Consortium responsibility in urban Nevada Division of Child and Family Services (DCFS) is responsible for mental health services for children with severe emotional disturbances and is responsible for convening and reporting on the activities of the mental health consortium. In rural Nevada, the Division of Mental Health and Developmental Services is responsible for services to SED children and their families. However, the 2001 State Legislature gave the responsibility for the children's mental health consortium to DCFS.

Dr. Peterson highlighted a few of the guiding principals for the Mental Health Consortium:

- The families of emotionally disturbed children, including without limitation foster parent, should be active participants in all aspects of planning selecting and delivering mental health services at the local level;
- A system of mental health services should be community-based and flexible, with accountability and the focus of the services at the local level;
- Children and their families, who are in need of mental health services should be identified as early as possible through screening, assessment processes, treatment and systems of support; and
- Mental health services should be provided to emotionally disturbed children in a sensitive manner that is responsible to cultural and general based differences and the special needs of the children.

NRS 433B mandates that the Consortium will develop an Annual Plan in their respective jurisdictions. There are several components to the Plan, in statute, to include:

- An assessment of the need for mental health services in the jurisdiction;
- A description of the types of services to be offered to emotionally disturbed children based on the amount of money available within jurisdiction of the consortium;
- Criteria for eligibility of those services;
- A description of the manner in which these services may be obtained;
- The manner in which the costs for those services will be allocated;
- Mechanisms to manage the money provided for those services;
- Methods for obtaining additional money for emotionally disturbed children from private and public entities;
- The manner in which family members of eligible children and other persons may be involved in the treatment of children; and
- Documentation of:
 - The number of emotionally disturbed children who are not currently being provided services;
 - The costs to provide these services;
 - The obstacles to providing services to those children; and
 - o Recommendations for removing those obstacles.

Dr. Peterson reviewed other topics that are to be covered in the Annual Report. The Consortium is working toward completing their Annual Plan by June 15, 2002.

Each Consortium has established an Executive Work Group and other various work groups.

ACTION: Dr. Peterson encouraged Commissioners to participate in the Work Groups.

The Consortium is to develop a Plan for all emotionally disturbed children but has been asked to appoint someone to review children in foster care and who are emotionally disturbed. This is a pilot project.

Dr. Fricke questioned the relationship between each Consortium to the adoption services. Dr. Peterson stated that the Administrator of Child and Family Services has made an effort to appoint foster and/or adoptive parents of emotionally disturbed children to each Consortium.

Dr. Peterson distributed "Child and Adolescent Mental Health: Recommendations for Improvement by State Mental Health Commissions." She briefly reviewed the major/common themes: (1) Children's mental health services at the state level should focus on the values and principles of systems of care; (2) Greater attention to planning, accountability and responsibility; and (3) A review of governmental structures, with an intent of creating a strong coordinated voice.

There is no specific relationship suggested in the statute between the Mental Health Consortiums and the Mental Health Commission. This provides an opportunity for the Commission to provide guidance and recommendations to the Consortiums about how the Commission would like to see the relationship work. Dr. Peterson stated that she would take any concerns or comments back to the Consortiums and encouraged the Commissioners to participate in the Work Groups.

ACTION: The Commission requested that Consortium representatives for the Washoe and the Clark County Consortiums be invited to the Commission's next meeting to update the Commission. The Commission requested a list of individuals, with contact information listed, of the membership of the Consortiums and Work Groups, review of the Consortiums quarterly report and meeting dates, times and locations.

SW LICENSING BOARD FOLLOW UP RE: SCOPE OF WORK

Dr. Rosin stated that this process has been modified numerous times to bring into compliance the emergency medical screening form to maintain HCFA accreditation and continue to receive federal funds. Dr. Rosin stated that compliance was met on the second effort with a policy/procedure, medical staff involvement and a training packet. After the procedure was instituted with SNAMHS, concerns were received from social workers that they were practicing outside the scope of their license. Dr. Rosin stated that he and Mr. Irvin, Deputy Attorney General, met with the Social Work Board Executive Director and Social Work Board Deputy Attorney General and passed along information to the Nursing Board Deputy Attorney General. The draft form was

reviewed and discussed. Following discussion, there have been three (3) revisions to the medical screening form to address the concerns of social workers, to not make medical decisions. The form has been significantly revised and de-medicalized (medical terms are still listed on the form for HCFA requirements) the form. Dr. Rosin stated that they have concurrence with all of the Boards on the medical screening form. The issues discussed were that social workers are capable of taking histories and obtaining information, but should not be put in a position to make medical judgments. A doctor or nurse must be contacted for any positive response from a client or anytime the social worker feels a need for a medical doctor or nurse to be present.

Dr. Rosin stated that the form is user friendly and meets HCFA requirements.

Dr. Nora stated that the information gathered is the first point of contact and the start of treatment. The forms relieve some medical license concerns, but the form does not remove all of the problems. The form is an improvement from where the process started.

Upon questioning by Dr. Albers, Dr. Rosin stated that all patients, prior to admission, are medically screened, with the exception of transfers from Lakes Crossing.

Dr. Brailsford stated that this is a data collection form and he feels it is appropriate for social workers to collect this data.

Ms. Rosalind Tuana, Executive Director of the Social Work Board, stated the agency has worked hard to develop an acceptable form. Ms. Tuana stated that the Social Work Board and the Psychology Board have not concurred with the form and have expressed concerns with the revised form. The social worker is placed in situations where they do the medical interview and then the medical form is never reviewed by another medical professional. At the November Social Work Board meeting, the Board determined that Social Workers could not perform a medical screen.

Dr. Nora questioned if other Boards in the country had faced this problem? Ms. Tuana responded that in a survey of Boards, a majority of the responses received stated that it is not appropriate for social workers to do a medical screen.

There was discussion regarding the form and who/where the medical form is to be completed. Dr. Montgomery stated that the medical staff has endorsed the process and the more complicated form. Dr. Montgomery stated that he would be taking the simplified form back to the medical staff for their endorsement.

Dr. Rosin stated that they are currently using the form to be in compliance with federal requirements.

ACTION: The Commission discussed having this as an on-going discussion agenda item with feedback comments. They asked for feedback from Social Workers, as they will be the ones using the medical screening forms

Ms. Tuana stated that the Social Work Board will be meeting on May 14, 2002, and the form will be on the agenda for discussion. Ms. Tuana stated that it has been requested

that the word "pallor" be removed from the form, as the "pallor" means poor coloring and is considered a medical assessment. Dr. Rosin stated that Dr. Montgomery, Ms. Chelsea Szklany or himself could be available for the Social Work Board meeting to answer any questions.

Ms. Linda Ward, a social worker at SNAMHS, stated that this medical screening form is the only real medical screening done on walk-in patients. Ms. Ward stated that it is unethical to do a medical screen based on the National Association of Social Worker's Code of Ethics.

Ms. Marly Henley, Supervisor of the Counselors, stated that she has concerns with the medical screening form.

Mr. Mark Nichols, Executive Director of the National Association of Social Workers (NASW), based upon responses from a survey, stated that there are concerns for the appropriateness, ethical concerns, and the social worker's scope of work. The role of NASW is to protect the integrity of the social work profession. Mr. Nichols asked, "If this form conforms to HCFA requirements, does it protect public health?" Mr. Nichols suggested involving social workers directly in the development process of the form.

Upon questioning by Dr. Albers, Ms. Tuana stated that the Social Work Board is committed to working on this issue and have already progressed greatly and want to come to a unanimous resolution/conclusion on this issue.

Dr. Brailsford would like to see the form meet the needs of the patients, meet HCFA requirements and protect social workers.

Ms. Joan Israel stated that social workers need to take care of their profession – ethically. The medical screening is the first patient contact in POU, with a social worker taking temperatures, taking blood pressure and asking questions about the patient's health. This is very confusing to the patient. This would be appropriate when done by a mental health technician, under the supervision of the nursing department.

Chair Brown left the meeting at 11:50 A.M. David Ward assumed the responsibility of Chair.

A lunch break was granted at 11:50 A.M. The meeting reconvened at 12:50 P.M.

MENTAL HEALTH PLANNING ADVISORY COUNCIL REPORT

Alyce Thomas-Thrash reported that the Council received a CMHS Block Grant for fiscal year 2002-03, an increase of almost \$97,000, just under 3%. The Council is planning on spending the increase in the consumer services area by adding a Consumer Specialist and Consumer Services Assistant. The consumer movement is growing rapidly, both locally and nationally.

Ms. Thomas-Thrash reminded the Commissioners that May is National Mental Health Awareness Month. She invited the Commission to a reception, hosted by the Council,

in Reno at the Holiday Downtown. The Project Officer for the Block Grant will be at the reception, as it is time for review. Ms. Thomas-Thrash requested that the Commission attend the reception to show support to the federal government for the Block Grant and the Mental Health Planning Advisory Council.

Ms. Thomas-Thrash stated that each year the Council dedicates a portion of the funding from the Block Grant to the administrative budget and a portion of the administrative budget is put into consumer services for professional training, consumer awareness, consumer rights and consumer network. She reviewed a state employment announcement in the peer counselor series, "Consumer Services Assistance - Statewide Coordinator." It is hoped that services can be coordinated statewide. Prior Peer Counselors were contracted positions, now they are state positions. This now gives empowerment to consumers, as they can be state employees, gives support to consumers, and offers the opportunity to better their lives.

AGENCY DIRECTORS' REPORTS

Mr. Ward asked if any of the Commissioners had questions with regards to DCFS, as Dr. Peterson has requested that DCFS be moved up on the agenda.

ACTION: Dr. Brailsford requested an update with regards to the hiring issues at the next meeting and questioned the JCAHO accreditation timeline.

ACTION: Dr. Peterson stated that JCAHO accreditation is scheduled for June 4-6, 2002. The Commission requested a feedback report at the next Commission meeting.

DCFS - TRAINING REPORT

Mr. Chris Graham, Deputy Family Program Officer for DCFS, representing Ms. Robin Nye (author of the report), highlighted the following from the report:

- Continued participation with the mental health certification of the technicians in DCFS;
- Ongoing training at Desert Willow, as part of the JCAHO accreditation; and
- Training partnership with UNR training incentives.

Mr. Graham stated that he would take any comments or concerns back to Robin Nye, obtain a response, and report back to the Commission.

MHDS ADVISORY BOARDS SOUTH

Ms. Santa Perez, via video-teleconference in Las Vegas (by translator), stated that at the Board meeting, the emergency room overcrowding and the extended length of time spent by Division clients waiting in the ER prior to being screened for SNAMHS was discussed by the Board with Dr. Rosin. The 10-bed CEU is insufficient given the size of the community. The recruitment problems for psychiatrists were discussed. The Board approved the drafting of letters to the Legislature supporting the use of limited licenses for psychiatrists in Nevada, as well as supporting the 30-bed hospital for emergency services. The upcoming legislative session was discussed along with the service need

in Southern Nevada. Supporting letters for the southern budgets was deferred until the next meeting. A letter was drafted to the DMV inquiring as to their authority to question special education students about the school they attend and the medication they are on. And finally, she discussed Dr. Brailsford's Board attendance.

ACTION: Mr. Ward requested that the Southern Advisory Board forward to him the letter to the DMV regarding special education students, any related information, and any response received from the DMV.

Dr. Brailsford stated that the Board is operating well and takes appropriate action.

MHDS ADVISORY BOARDS NORTH – NOMINATIONS OF HELEN GRAY & DONNA SHIBOVICH, CONSUMERS

Mr. Joe Tyler stated that the Northern Advisory Board meets on a monthly basis. He stated that the Board has written a letter to Governor Guinn regarding dental health for mental health clients. Nevada Medicaid only pays for limited, specific procedures. Mr. Tyler stated that the Board feels that Medicaid should be covering the cost of preventive care and tooth fillings. The Board feels that filling a tooth is more cost effective than the extraction of the tooth and then the placement of a partial in its place.

Mr. Tyler stated that Board Member Susan Patterson had resigned due to health reasons. The Northern Board has requested that the Commission approve Helen Gray and Donna Shibovich as Board Members representing consumers.

Mr. Tyler stated that there are suggestion boxes placed in public areas to obtain input from the community on compliments, comments and complaints in a more formalized format.

ACTION: Mr. Ward requested a copy of the revised Compliments, Comments and Complaint Input Form and a copy of the dental health letter to Governor Guinn for Commission review.

Mr. Ward complimented the North Advisory Board on their good work.

MOTION: Dr. Brailsford moved to approve Helen Gray and Donna Shibovich for the Northern Nevada Advisory Board, seconded by Dr. Richitt. The motion passed unanimously.

RESPONSE FROM STATE BOARD OF PHARMACY

Dr. Rosin stated that he has been working with Dr. Ebo, State Pharmacy Coordinator, on the review of policies and procedures in the prescribing medications in the rural areas.

They have discovered, in the rural areas because of various staffing shortages, there is no uniform way that medications are being dispensed to clients in rural areas.

A draft proposal was submitted to the Board of Pharmacy. There was a meeting with the Board of Pharmacy, and Rural Clinics was represented, the following issues are being addressed and discussed:

- There are two sources to obtain medications in rural areas:
 - Mail from NNAMHS and SNAMHS
 - Mail from the pharmaceutical companies, by application to the pharmaceutical companies and the medications are sent directly to the client.

The Pharmacy Board has recommended that medications be allowed to be distributed by administrative personnel (secretarial service), with oversight by clinicians. When the medications are sent by the mental health's own pharmacy, the labels are pre-printed with the client's names and instructions. The second issue with the medications sent by the pharmaceutical companies is more complicated. There are two Nevada Revised Statutes (NRS), which directs the Pharmacy Board what they can and cannot do. There is currently a bill draft proposal that would allow the nursing staff to distribute medications, submitted by the Pharmacy Board in addition to their regular bill draft requests.

Dr. Rosin stated that he has been working with Deputy Attorney General Ed Irvin and developed a Memorandum of Understanding to present to the Health Division. The current NRS allows the nurses, in the rural health area, to serve as agents of the health department to prescribe medications. The Memorandum of Understanding would allow mental health nurses to act as agents of the Health Division in the activity of distributing medications.

Mr. Irvin stated that the vehicle to allow the nurses to serve as agents would be an Inter-Local Agreement with the Health Division. The Health Division, by agreeing, would be taking on a small amount of added potential liability.

Dr. Rosin stated that they are currently working on the agreement and, if finalized with all parties in agreement, then there would be a system in compliance with NRS and a uniform policy and procedure for the distribution of medications.

STATEWIDE MEDICAL DIRECTOR'S REPORT

Dr. Rosin stated that in regards to the recruitment crisis, he has been successful in recruiting for three positions at SNAMHS and there may also be another physician joining the staff. In addition, there is a physician working under contract in a clinic in Henderson and he may be joining the staff. Dr. Rosin stated that several interviews have been scheduled over the next several weeks and that he hoped to be fully staffed by July/August.

Dr. Rosin stated that in the North, there will be some staff turnover, but is in good standing on the recruiting. Dr. Ira Pauly will be returning as the Medical Director.

Dr. Rosin stated that in regards to the emergency room crisis, the Mental Health Consortium in Clark County is reviewing the crisis. He stated that they have submitted short, mid, and long-range goals to the Consortium. The short-range goals include